

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: credit card

FOR OFFICE USE ONLY

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RECEIVED JAN 22 2013

II Client Information

Name: Conference of Mayors & Municipal Officials

Permanent Business Address: 119 Washington Avenue

City: Albany

Business Phone: 518 463-1185

Third Party Beneficiary (see instructions):

State: NY

ZIP code: 12210

Fax Number: 518 463-1190

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Conference of Mayors & Municipal Officials

Phone Number: 518 463-1185

Address: 119 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Compensation for current period: \$ 115635 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 115635 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 147	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 35233	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$54517	.00	(if applicable, include all expenses from attached pages in total)
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V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: City of Mount Vernon

or

Single Source Person's Last Name:

First Name:

Address: 1 Roosevelt Square

State: NY

ZIP code: 10550

City: Mount Vernon

Phone: 914 665 2300

Date Contribution Received: 07 / 13 / 2012

Amount of Contribution: \$ 1855 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: City of White Plains

or

Single Source Person's Last Name:

First Name:

Address: 255 Main Street

State: NY

ZIP code: 10601

City: White Plains

Phone: 914 422 1200

Date Contribution Received: 07 / 20 / 2012

Amount of Contribution: \$ 1680 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Village of
Rockville Centre

or
Single Source Person's Last Name:

First Name:

Address: 1 College Place

State: NY

ZIP code: 11571

City: Rockville Centre

Phone: 516 678 9300

Date Contribution Received: 07 / 27 / 2012

Amount of Contribution: \$1130 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: City of Watertown

or
Single Source Person's Last Name:

First Name:

Address: 245 Washington Street

State: NY

ZIP code: 13601

City: Watertown

Phone: 315 785 7730

Date Contribution Received: 07 / 27 / 2012

Amount of Contribution: \$ 1181 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #5

Single Source Entity's Name: New York Municipal Insurance Reciprocal

or
Single Source Person's Last Name:

First Name:

Address: 12 Metro Park Road

State: NY

ZIP code: 12205

City: Colonie

Phone: 518 437 1171

Date Contribution Received: 08 / 09 / 2012

Amount of Contribution: \$22996 .00

Date Contribution Received: 09 / 28 / 2012

Amount of Contribution: \$1350 .00

Date Contribution Received: 10 / 05 / 2012

Amount of Contribution: \$13527 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: City of Amsterdam

or

Single Source Person's Last Name:

First Name:

Address: 61 Church Street

City: Amsterdam

State: NY

ZIP code: 12010

Phone: 518 841 4300

Date Contribution Received: 08 / 17 / 2012

Amount of Contribution: \$1040 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 7

Single Source Entity's Name: City of Syracuse

or

Single Source Person's Last Name:

First Name:

Address: 233 E. Washington Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315 448 8005

Date Contribution Received: 08 / 24 / 2012

Amount of Contribution: \$ 2858 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 8

Single Source Entity's Name: NYS Municipal Workers Compensation Alliance

or

Single Source Person's Last Name:

First Name:

Address: 333 Earle Ovington Boulevard

City: Uniondale

State: NY

ZIP code: 11553

Phone: 315 727 1030

Date Contribution Received: 09 / 14 / 2012

Amount of Contribution: \$3960 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: City of Schenectady

or

Single Source Person's Last Name:

First Name:

Address: 105 Jay Street

State: NY

ZIP code: 12305

City: Schenectady

Phone: 518 382 5000

Date Contribution Received: 09 / 14 / 2012

Amount of Contribution: \$1836 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 10

Single Source Entity's Name: City of Gloversville

or

Single Source Person's Last Name:

First Name:

Address: 3 Frontage Road

State: NY

ZIP code: 12078

City: Gloversville

Phone: 518 773 4500

Date Contribution Received: 09 / 28 / 2012

Amount of Contribution: \$ 990 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 11

Single Source Entity's Name: City of Elmira

or

Single Source Person's Last Name:

First Name:

Address: 317 East Church Street

State: NY

ZIP code: 14901

City: Elmira

Phone: 607 737 5644

Date Contribution Received: 10 / 19 / 2012

Amount of Contribution: \$ 1217 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: City of Rome

or
Single Source Person's Last Name:

Address: 198 North Washington Street

City: Rome

Phone: 315 336 6000

Date Contribution Received: 10 / 19 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NY

ZIP code: 13440

Amount of Contribution: \$1293 .00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 13**

Single Source Entity's Name: City of Newburgh

or
Single Source Person's Last Name:

Address: 83 Broadway

City: Newburgh

Phone: 845 569 7300

Date Contribution Received: 10 / 19 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NY

ZIP code: 12550

Amount of Contribution: \$ 1212 .00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 14**

Single Source Entity's Name: City of Tonawanda

or
Single Source Person's Last Name:

Address: 200 Niagara Street

City: Tonawanda

Phone: 716 695 1800

Date Contribution Received: 10 / 26 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NY

ZIP code: 14150

Amount of Contribution: \$981 .00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 1/18/13

PRINT NAME: LAST Walker

FIRST Deanna

TITLE: Director of Administration and Finance

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.